

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004801

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** WARM MINERAL SPRINGS/LITTLE SALT SPRING ARCHAEOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

6133 TALBOT STREET  
NORTH PORT, FL 342872126

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7797  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 65-0942517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BORON, HILDA M  
6133 TALBOT STREET  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GEORGE, HAAG  
Address: 12314 GENOA DR.  
City-St-Zip: NORTH PORT, FL 34287

Title: V  
Name: RIBARICK, JUDITH  
Address: 3788 ANNOPOLIS TER/  
City-St-Zip: NORTH PORT, FL 34286

Title: T  
Name: CATTRAN, ROLEEN  
Address: 3008 N SALFORD BLVD  
City-St-Zip: NORTH PORT, FL 34286

Title: S  
Name: BORON, HILDA M  
Address: 6133 TALBOT ST.  
City-St-Zip: NORTH PORT, FL 342872126

Title: D  
Name: MYERS, CAROL  
Address: 607 GARDEN ROAD  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: HANSEN, ANN  
Address: 6155 FREEMONT ST.  
City-St-Zip: NORTH PORT, FL 342872126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLEEN CATTRAN

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02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date